|                                                 | PATENT                                         | CADDI ICATI                                                                       | 0N 555             | or <del>s</del> col | 4141.45   |            |     |                   | 1 . 1                                            | /   |                     |                                                  |
|-------------------------------------------------|------------------------------------------------|-----------------------------------------------------------------------------------|--------------------|---------------------|-----------|------------|-----|-------------------|--------------------------------------------------|-----|---------------------|--------------------------------------------------|
|                                                 | PAIENI                                         | TENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004    10/07/860 |                    |                     |           |            |     |                   |                                                  |     |                     |                                                  |
| CLAIMS AS FILED - PART I SMALL ENTITY OTHER THA |                                                |                                                                                   |                    |                     |           |            |     |                   |                                                  |     | R THAN              |                                                  |
| TOTAL CHAIMS                                    |                                                |                                                                                   |                    |                     |           |            |     |                   |                                                  | OF  |                     | ENTITY                                           |
| <u>ــ</u>                                       | OR                                             |                                                                                   | NUMBER FILED NUMBI |                     |           | BER EXTRA  |     | BASIC             | FEE                                              | 4   | RATE                | FEE                                              |
| _                                               |                                                |                                                                                   | NUMBE              |                     |           |            |     | HASIC PE          | <b>\$</b>                                        | OF  | BASIC FE            | <u> </u>                                         |
| -                                               |                                                | ABLE CLAIMS                                                                       | <u></u>            | minus 20=           |           |            |     | X\$ 25=           |                                                  | QF  | X\$50=              | <u> </u>                                         |
| _                                               | DEPENDENT                                      |                                                                                   |                    | minus 3 =           |           |            |     | X100=             |                                                  | OF  | X200=               | ,                                                |
| MULTIPLE DEPENDENT CLAIM PRESENT +180= OR +360= |                                                |                                                                                   |                    |                     |           |            |     |                   |                                                  |     |                     |                                                  |
| • 1                                             |                                                | e in column 1 is                                                                  | less than          | zero, enter         | *0" in    | column 2   |     | TOTAL             | <del>                                     </del> | OF  | <u> </u>            | <del>                                     </del> |
| CLAIMS AS AMENDED - PART II OTHER TH            |                                                |                                                                                   |                    |                     |           |            |     |                   |                                                  |     | THAN                |                                                  |
| _                                               | 4-18-0                                         | CLAIMS                                                                            |                    | (Colum              |           | (Column 3) |     | SMALL             | ENTITY                                           | OR  |                     | ENTITY                                           |
| <u>ح</u>                                        |                                                | REMAINING<br>AFTER                                                                |                    | NUMI                | BER       | PRESENT    |     | RATE              | ADDI-<br>TIONAL                                  | 1   | RATE                | ADDI-<br>TIONAL                                  |
| Z                                               |                                                | AMENDMENT                                                                         |                    | PAID                |           | EXTRA      |     |                   | FEE                                              |     | 1216                | FEE                                              |
| AMENDMENT A                                     | Total                                          | .34                                                                               | Minus              | 3                   | 2         | . 2        |     | X\$ 25=           |                                                  | OR  | X\$50=              | 100.00                                           |
| Ę                                               | Independent                                    | ENTATION OF M                                                                     | Minus              | 0510517             | <u>t'</u> | -          | ·   | X100=             |                                                  | OR  | X200=               |                                                  |
| -                                               | FINST PAES                                     | ENTATION OF M                                                                     | A A                | PENDENI             | CLAIM     |            |     | +180=             |                                                  | OR  | +360=               |                                                  |
| ,                                               | 6/12/05                                        | - //                                                                              |                    |                     |           |            | L   | TOTAL             |                                                  | 4   | TOYAL               |                                                  |
| ,                                               | 7.07                                           | (Column t)                                                                        |                    | (Cotum              | n 2)      | (Column 3) | . А | DOIT. FEE         | L                                                | IOR | ADDIT. FEE          | 100.00                                           |
| 0                                               |                                                | CLAIMS<br>REMAINING                                                               | T                  | HIGHE               | ST        | PRESENT    | Г   |                   | ADDI-                                            | 1   |                     | ADDI-                                            |
|                                                 |                                                | AFTER<br>AMENDMENT                                                                |                    | PAID                | USLY      | EXTRA      |     | RATE              | TIONAL<br>FEE                                    |     | RATE                | TIONAL                                           |
|                                                 | Total                                          | . 34                                                                              | Minus              | . 3                 | 4         | = /        |     | X\$ 25=           | ree                                              |     | X\$50=              | FEE                                              |
| j                                               | Independent                                    | • 4                                                                               | Minus              |                     | 7         | - /        | ŀ   | X100=             |                                                  | OR  |                     | 170                                              |
| <u> </u>                                        | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                                                                   |                    |                     |           |            |     | X100=             |                                                  | OR  | X200=               | /                                                |
|                                                 |                                                |                                                                                   |                    |                     |           |            | L   | +180=             |                                                  | OR  | <u></u> 4360≈       |                                                  |
|                                                 |                                                |                                                                                   |                    |                     |           |            |     | TOTAL<br>DOT. FEE |                                                  | OR  | TOTAL<br>ADDIT. FEE | 790                                              |
| _                                               | · ·                                            | (Column 1)                                                                        |                    | (Colum              |           | (Column 3) | ·   |                   |                                                  |     |                     |                                                  |
| 2                                               |                                                | REMAINING<br>AFTER                                                                |                    | NUMB                | ER        | PRESENT    | Γ   |                   | ADDI-                                            |     |                     | ADDI-                                            |
|                                                 |                                                | AMENDMENT                                                                         | · _                | PREVIOL<br>PAID F   |           | EXTRA      | L   | RATE,             | TIONAL<br>FEE                                    |     | RATE                | TIONAL<br>FEE                                    |
|                                                 | Total                                          | •                                                                                 | Minus              |                     |           | <b>=</b>   | ,   | <b>(\$</b> 25=    |                                                  | OR  | X\$50=              |                                                  |
|                                                 | Independent                                    | <u> </u>                                                                          | Minus              | ***                 |           | =          |     | (100=             |                                                  |     | X200=               |                                                  |
|                                                 | FIRST PRESE                                    | RRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                     |                    |                     |           |            |     |                   |                                                  | OR  |                     |                                                  |
|                                                 |                                                | •                                                                                 |                    |                     |           |            | L   | 180=              |                                                  | OR  | +360=               |                                                  |
|                                                 |                                                |                                                                                   | •                  |                     |           |            |     | •                 |                                                  |     | •                   |                                                  |
|                                                 |                                                | ,                                                                                 |                    |                     |           |            |     |                   | •                                                |     |                     | 1                                                |
|                                                 | •                                              |                                                                                   | •                  |                     |           |            |     |                   | •                                                |     |                     |                                                  |